

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2000</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>David N.S. Hon</td></tr> <tr><td>Examiner Name</td><td>J. Kerr</td></tr> <tr><td>Group / Art Unit</td><td>1633</td></tr> <tr><td>Attorney Docket No.</td><td>460-001 Cont. IV</td></tr> </table>		Application Number		Filing Date		First Named Inventor	David N.S. Hon	Examiner Name	J. Kerr	Group / Art Unit	1633	Attorney Docket No.	460-001 Cont. IV
Application Number															
Filing Date															
First Named Inventor	David N.S. Hon														
Examiner Name	J. Kerr														
Group / Art Unit	1633														
Attorney Docket No.	460-001 Cont. IV														
TOTAL AMOUNT OF PAYMENT	(\$)	355													

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																												
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 11-0978</p> <p>Deposit Account Name: </p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p>3. <input type="checkbox"/> Charge any additional fee required under 37 CFR Sections 1.16 and 1.17 or credit any overpayment to the above-listed deposit account.</p>	<p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205 65</td><td></td></tr> <tr><td>127</td><td>50</td><td>227 25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139 130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147 2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112 920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113 1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215 55</td><td></td></tr> <tr><td>116</td><td>390</td><td>216 195</td><td></td></tr> <tr><td>117</td><td>890</td><td>217 445</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218 695</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228 945</td><td></td></tr> <tr><td>119</td><td>310</td><td>219 155</td><td></td></tr> <tr><td>120</td><td>310</td><td>220 155</td><td></td></tr> <tr><td>121</td><td>270</td><td>221 135</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138 1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240 55</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241 620</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242 620</td><td></td></tr> <tr><td>143</td><td>440</td><td>243 220</td><td></td></tr> <tr><td>144</td><td>600</td><td>244 300</td><td></td></tr> <tr><td>122</td><td>130</td><td>122 130</td><td></td></tr> <tr><td>123</td><td>50</td><td>123 50</td><td></td></tr> <tr><td>126</td><td>240</td><td>126 240</td><td></td></tr> <tr><td>581</td><td>40</td><td>581 40</td><td></td></tr> <tr><td>146</td><td>710</td><td>246 345</td><td></td></tr> <tr><td>149</td><td>710</td><td>249 355</td><td></td></tr> </tbody> </table> <p>Other fee (specify) _____</p> <p>Other fee (specify) _____</p>	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205 65		127	50	227 25		139	130	139 130		147	2,520	147 2,520		112	920*	112 920*		113	1,840*	113 1,840*		115	110	215 55		116	390	216 195		117	890	217 445		118	1,390	218 695		128	1,890	228 945		119	310	219 155		120	310	220 155		121	270	221 135		138	1,510	138 1,510		140	110	240 55		141	1,240	241 620		142	1,240	242 620		143	440	243 220		144	600	244 300		122	130	122 130		123	50	123 50		126	240	126 240		581	40	581 40		146	710	246 345		149	710	249 355	
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																										
105	130	205 65																																																																																																											
127	50	227 25																																																																																																											
139	130	139 130																																																																																																											
147	2,520	147 2,520																																																																																																											
112	920*	112 920*																																																																																																											
113	1,840*	113 1,840*																																																																																																											
115	110	215 55																																																																																																											
116	390	216 195																																																																																																											
117	890	217 445																																																																																																											
118	1,390	218 695																																																																																																											
128	1,890	228 945																																																																																																											
119	310	219 155																																																																																																											
120	310	220 155																																																																																																											
121	270	221 135																																																																																																											
138	1,510	138 1,510																																																																																																											
140	110	240 55																																																																																																											
141	1,240	241 620																																																																																																											
142	1,240	242 620																																																																																																											
143	440	243 220																																																																																																											
144	600	244 300																																																																																																											
122	130	122 130																																																																																																											
123	50	123 50																																																																																																											
126	240	126 240																																																																																																											
581	40	581 40																																																																																																											
146	710	246 345																																																																																																											
149	710	249 355																																																																																																											
<p>FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201 355</td><td></td></tr> <tr><td>106</td><td>320</td><td>206 160</td><td></td></tr> <tr><td>107</td><td>490</td><td>207 245</td><td></td></tr> <tr><td>108</td><td>710</td><td>208 355</td><td></td></tr> <tr><td>114</td><td>150</td><td>214 75</td><td></td></tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (1) (\$) 355</p> <p>2. EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>7</td> <td>-20** = 0</td> <td>X</td> <td></td> </tr> <tr> <td>3</td> <td>-3** = 0</td> <td>X</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater, For Reissues, see below</small></p> <p>Large Entity Small Entity</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203 9</td><td></td></tr> <tr><td>102</td><td>80</td><td>202 40</td><td></td></tr> <tr><td>104</td><td>270</td><td>204 135</td><td></td></tr> <tr><td>109</td><td>80</td><td>209 40</td><td></td></tr> <tr><td>110</td><td>18</td><td>210 9</td><td></td></tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (2) (\$) 0</p>	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101	710	201 355		106	320	206 160		107	490	207 245		108	710	208 355		114	150	214 75		Total Claims	Extra Claims	Fee from below	Fee Paid	7	-20** = 0	X		3	-3** = 0	X		Multiple Dependent				Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	103	18	203 9		102	80	202 40		104	270	204 135		109	80	209 40		110	18	210 9		<p style="text-align: right;">SUBTOTAL (3) (\$) 0</p> <p><small>* Reduced by Basic Filing Fee Paid</small></p>																																												
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																										
101	710	201 355																																																																																																											
106	320	206 160																																																																																																											
107	490	207 245																																																																																																											
108	710	208 355																																																																																																											
114	150	214 75																																																																																																											
Total Claims	Extra Claims	Fee from below	Fee Paid																																																																																																										
7	-20** = 0	X																																																																																																											
3	-3** = 0	X																																																																																																											
Multiple Dependent																																																																																																													
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid																																																																																																										
103	18	203 9																																																																																																											
102	80	202 40																																																																																																											
104	270	204 135																																																																																																											
109	80	209 40																																																																																																											
110	18	210 9																																																																																																											

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	J. William Seanor, D.V.M.	Registration No. (Attorney/Agent)	40,804
Telephone	859/ 252-0889	Date	November 20, 2000
Signature	<i>J.W. Seanor DVM</i>		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

S.N.: NOT YET ASSIGNED

Docket No. 460-001 Continuation IV

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application :

DAVID N. S. HON ET AL. :

Serial No. NOT YET ASSIGNED :

Group Art Unit: 1633

Filed: November 20, 2000 :

For: COMPOSITIONS OF OAK BARK :
EXTRACT RELATED SYNTHETIC :
COMPOSITIONS AND METHOD OF :
USING SAME :

PRELIMINARY AMENDMENT

Commissioner of Patents
and Trademarks
Washington, DC 20231

Dear Sir:

The above-styled application is a continuation of prior application Serial Number: 08/947,055, filed on October 8, 1997 which is set to issue on November 21, 2000 as U.S. Patent Number 6,149,947. This application claims the benefit of priority, through co-pendency, of prior application Serial Number: 07/973,071, filed November 6, 1992, the status of which is now abandoned.

In the Claims

Please cancel claims 32-36 without prejudice.

Please add the following new claims 37-43 as follows:

--37. A composition comprising from 40% to 80% by weight of solids of an aqueous oak bark extract.

38. The composition of claim 37, wherein the composition is useful for enhancing wound healing at a wound site via modulation of matrix metalloproteinase activity at the wound site.

39. A composition for enhancing wound healing at a wound site via modulation of matrix metalloproteinase activity at the wound site, comprising:

a pharmaceutically acceptable carrier; and

an active ingredient of inorganic solids comprising 10-80 parts by weight of potassium ions, 0.00001-20 parts by weight of zinc ions, 0.01-10 parts by weight of calcium ions and 1-40 parts by weight of rubidium ions.

40. The composition according to claim 39, wherein the rubidium ions comprise 1-30 parts by weight of the inorganic solids.

41. The composition according to claim 39, wherein said carrier is water.
42. The composition according to claim 39, wherein said carrier is cream based.
43. A method for enhancing wound healing at a wound site via modulation of matrix metalloproteinase activity at the wound site, comprising applying to the wound site an effective amount of a therapeutic composition comprising:

a pharmaceutically acceptable carrier; and

an active ingredient of inorganic solids comprising 10-80 parts by weight of potassium ions, 0.00001-20 parts by weight of zinc ions, 0.01-10 parts by weight of calcium ions and 1-40 parts by weight of rubidium ions.--

REMARKS

New claim 37 above is identical to non-elected claim 1 of the parent application Serial Number: 07/973,071, as set forth in the "Response to Restriction Requirement" filed on November 18, 1993.

New claims 38-43 are set forth herein to distinctly claim specific embodiments of the present invention directed compositions and methods for enhancing wound healing at a wound site via modulation of matrix metalloproteinase activity at the wound site. The Examiner is invited to contact the undersigned attorney directly if such contact will

enhance the efficient prosecution of the application to issue.

Respectfully submitted,

KING AND SCHICKLI



J.W. Seanor, D.V.M.
Registration No. 40,804

247 North Broadway
Lexington, Kentucky 40507
(859) 252-0889

CERTIFICATE OF MAILING

I hereby certify that this correspondence
is being deposited with the United States Postal
Service via Express Mail No. EL 66822681/US
in an envelope addressed
to: Commissioner of Patents and Trademarks
Washington, D.C. 20543, on
Date 11/20/00

